

**PROFESSIONAL LICENSURE DIVISION[645]****Adopted and Filed**

Pursuant to the authority of Iowa Code section 152B.6, the Board of Respiratory Care hereby amends Chapter 262, “Continuing Education for Respiratory Care Practitioners,” and Chapter 265, “Practice of Respiratory Care Practitioners,” Iowa Administrative Code.

The amendments in Item 1 add certifications to the list that can be used toward meeting the continuing education requirements for renewal of a respiratory therapy license.

Currently, Iowa Code section 152B.2 allows unlicensed personnel to deliver, assemble, set up, test, or demonstrate respiratory care equipment in the home upon the order of a licensed physician. Demonstration does not include the actual teaching, administration, or performance of respiratory care procedures. The amendment in Item 2 clarifies what is considered respiratory care when personnel engage in the setup, delivery, testing, or demonstration of respiratory therapy equipment.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 0221C** on July 25, 2012. No public comment was received. These amendments are identical to those published under Notice of Intended Action.

After analysis and review of this rule making, a positive impact on jobs could exist.

These amendments are intended to implement Iowa Code sections 147.10, 272C.2, and 152B.6.

These amendments will become effective January 30, 2013.

The following amendments are adopted.

ITEM 1. Amend subparagraph **262.3(2)“e”(2)** as follows:

(2) The following are approved for continuing education credit on a one-time basis per biennium and require a certificate of attendance or verification:

CERTIFICATIONS :

Advanced Cardiac Life Support	up to 12 hours
Basic Cardiac Life Support—Instructor	up to 8 hours
Basic Cardiac Life Support	up to 6 hours
Neonatal Resuscitation	up to 9 hours
Pediatric Advanced Life Support	up to 14 hours
Mandatory Reporting	up to 4 hours
<u>Certified Pulmonary Function Technologist</u>	<u>up to 8 hours</u>
<u>Registered Pulmonary Function Technologist</u>	<u>up to 12 hours</u>
<u>Neonatal Pediatric Specialist</u>	<u>up to 12 hours</u>
<u>Sleep Disorders Specialist</u>	<u>up to 12 hours</u>
<u>Adult Critical Care Specialist</u>	<u>up to 12 hours</u>

RECERTIFICATIONS :

Advanced Cardiac Life Support	up to 4 hours
Basic Cardiac Life Support	up to 2 hours
Neonatal Resuscitation	up to 3 hours
Pediatric Advanced Life Support	up to 3 hours
<u>Registered Respiratory Therapist</u>	<u>up to 24 hours</u>
<u>Certified Pulmonary Function Technologist</u>	<u>up to 8 hours</u>
<u>Registered Pulmonary Function Technologist</u>	<u>up to 12 hours</u>
<u>Neonatal Pediatric Specialist</u>	<u>up to 12 hours</u>
<u>Sleep Disorders Specialist</u>	<u>up to 12 hours</u>
<u>Adult Critical Care Specialist</u>	<u>up to 12 hours</u>
<u>Certified Respiratory Therapist</u>	<u>up to 24 hours</u>

ITEM 2. Adopt the following **new** rule 645—265.4(152B,272C):

**645—265.4(152B,272C) Setup and delivery of respiratory care equipment.**

**265.4(1)** Unlicensed personnel may deliver, set up, and test the operation of respiratory care equipment for a patient but may not perform any type of patient care. Instruction or demonstration of the equipment shall be limited to its mechanical operation (on and off switches, emergency button, cleaning, maintenance). Any instruction or demonstration to the patient regarding the clinical use of the equipment, the fitting of any device to the patient or making any adjustment, or any patient monitoring, patient assessment, or other procedures designed to evaluate the effectiveness of the treatment must be performed by a licensed respiratory therapist or other licensed health care provider allowed by Iowa law.

**265.4(2)** Respiratory care equipment includes but is not limited to:

- a. Positive airway pressure (continuous positive airway pressure and bi-level positive airway pressure) devices and supplies;
- b. Airway clearance devices;
- c. Invasive and noninvasive mechanical ventilation devices and supplies;
- d. Nasotracheal and tracheal suctioning devices and supplies;
- e. Apnea monitors and alarms and supplies;
- f. Tracheostomy care devices and supplies;
- g. Respiratory diagnostic testing devices and supplies, including but not limited to pulse oximetry, CO<sub>2</sub> monitoring, and spirometry devices and supplies; and
- h. Pulse-dose or demand-type oxygen conserving devices or any oxygen delivery systems beyond the capabilities of a simple mask or cannula or requiring particulate or molecular therapy in conjunction with oxygen.

[Filed 12/5/12, effective 1/30/13]

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 12/26/12.